



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 7, 2007

Kari Johnson, Administrator
The Cottages of Mountain Home
735 S 5th West
Mountain Home, ID 83647

License #: RC-727

Dear Ms. Johnson:

On June 19, 2007, a follow-up/revisit, state licensure survey was conducted at The Cottages of Mountain Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna Henscheid".

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 10, 2007

Kari Johnson, Administrator
Cottages of Mountain Home
735 S 5th West
Mountain Home, ID 83647

Dear Ms. Johnson:

On June 19, 2007, a follow-up visit to the State Licensure Survey survey of January 5, 2007, was conducted at Cottages of Mountain Home. The core issue deficiencies issued as a result of the January 5, 2007, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 25, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "JS", with a long horizontal stroke extending to the right.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

c: Marilyn Kelseth, RN, Program Manager, Regional Medicaid Services, Region IV – DHW



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
The Cottages of Mountain Home	735 S 5 th West St.	208-580-1611/21
Administrator	City	ZIP Code
Kary Johnson	Mountain Home	836 47
Survey Team Leader	Survey Type	Survey Date
Donna Henscheid	Follow Up	6/19/07

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed _____

7/19/07

Full moon

6-19-07